



The California Department of Alcohol and Drug Programs (ADP)



Overview of Department

The Department of Alcohol and Drug Programs (ADP) is the designated Single State Agency (SSA) responsible for administering and coordinating the State's efforts in alcohol and drug abuse prevention, treatment, and recovery services. ADP is also the primary state agency responsible for interagency coordination of these services. The Governor's Policy Council on Drug and Alcohol Abuse (GPC) was established to facilitate this coordination and is chaired by the Director of ADP.

In partnership with county governments and in cooperation with numerous private and public agencies, organizations, groups, and individuals, ADP provides leadership and coordination in the planning, development, implementation, and evaluation of a comprehensive statewide alcohol and drug use prevention, intervention, detoxification, and treatment and recovery system.

To ensure that the Department receives current, valid input regarding local and statewide issues, ADP established the Director's Advisory Council (DAC) as a vehicle for continuous customer feedback and facilitation of the Department's responses to such community issues. The DAC is discussed in greater detail under the section of this fact sheet entitled "Advisory Functions".

Primary Objective

The mission of the Department of Alcohol and Drug Programs (ADP) is to promote the

achievement of lifestyles free of alcohol and other drug related problems for the diverse citizens and communities of California. This is achieved through maximizing financial support for prevention, treatment, and recovery programs in California while ensuring quality services, minimizing the infringement of bureaucracy, and documenting treatment successes.

Federal and State Expenditures

The Department of Alcohol and Drug Programs has a budget of \$384.8 million for Fiscal Year 1997-98, including \$232.5 million in federal funds, \$87.9 million in state general funds, and \$64.4 million in other funds. Of the \$377 million, \$359.3 is for local assistance and \$25.5 million is for state operations (research, staff costs, etc.).

Department Organization

ADP is organized into five operational divisions:

Program Operations

Quality Assurance

Information Management Services

Prevention Services

Administration

In addition, four specialized offices provide support and internal services:

Legislation

*External Affairs**Legal Affairs**Internal Audits*

Together ADP's offices and divisions work to improve the effectiveness and efficiency of the statewide network of services administered or provided by county governments. In Fiscal Year 1997-98, the Department has a total of 313 authorized positions.

Treatment & Recovery Services

The Department's primary emphasis is planning, development, implementation, ongoing support and expansion of a comprehensive network of treatment and recovery services. Annually, over 300,000 people receive alcohol recovery and drug treatment services through ADP funded programs. These services include outpatient programs; day care; residential programs; and methadone maintenance programs. Approximately 200,000 people attend our DUI programs annually.

ADP optimizes funding for substance abuse treatment and recovery services through managing the distribution of federal block grant funds, administering the Drug/Medi-Cal program which matches state funds with federal Medicaid funds, and coordinating federal categorical grants.

Perinatal Services

ADP administers a statewide network of approximately 208 perinatal alcohol and drug treatment programs. The Perinatal Services Network (PSN) annually serves 9,000 pregnant and parenting women and their 13,500 children (from birth through age 17) and is funded primarily by State, federal and county allocations as well as grants and contributions.

Licensing and Standards

ADP's Quality Assurance Division provides oversight and direction for a statewide endeavor formulated to improve the quality and effectiveness of treatment and recovery services through three principle areas:

- ❑ **Licensing and Certification**—Residential facilities that provide nonmedical alcohol or drug recovery or treatment services must be licensed. (Nonresidential programs are not required to be licensed.) Health and safety concerns are the primary focus of the licensing process (e.g., fire clearance, food services, personnel requirements, physical environment, and personal rights).

As of July 1997, there were 590 facilities operating under license from ADP.

- ❑ **Driving-Under-the-Influence Program**—California's driving-under-the-influence (DUI) programs minimize the likelihood that persons convicted of DUI will again drive while under the influence of alcohol or other drugs and allow them the opportunity to confront and deal with their alcohol- or other drug-related problems.

Today, services are available to residents in all 58 California counties and approximately 200,000 drivers participate in California's programs annually.

- ❑ **Narcotic Treatment Program Licensing**--The Department oversees the delivery of narcotic treatment program services (medication, medical evaluation, treatment planning and counseling) to heroin and other opiate addicts. In the area of medication, programs now have two choices in the treatment of narcotic addiction: methadone and LAAM. Methadone had, until now, been the only approved medication for replacement narcotic therapy. LAAM was legislatively approved and signed into law in September of 1995, as another medication available to programs. Programs have been

authorized to use LAAM in the treatment of narcotic addiction since March of 1996.

Methadone maintenance has shown to decrease illicit drug use, assist in preventing the transmission of AIDS virus among drug users, save lives of newborn children born to opiate-addicted mothers, increase employment, and decrease criminality. LAAM maintenance is also expected to achieve similar benefits as methadone maintenance.

ADP staff perform annual on-site inspections of 143 licensed programs at 113 locations. California's narcotic treatment programs have the capacity to treat over 32,000 people a day. The majority of this treatment capacity is utilized for methadone maintenance (as of October 7, 1997, there were 26,193 treatment slots), with the remainder (6,146 treatment slots) designated for a 21-day methadone detoxification regimen.

Prevention Services Division

The prevention programs at the Department use a public health model to reduce alcohol- and drug-related problems.

Federal Safe and Drug Free Schools and Community funding supports the ADP Resource Center, California Mentor Initiative, Partnership for a Drug Free California, and Evaluation Management Training and other technical assistance contracts, California Friday Night Live/Club Live (FNL/CL) statewide youth program and the statewide Drug Free Workplace Program (DFWP).

Additional substrategies for prevention include community health promotion; coalition building; education; information dissemination and skill development; environmental risk reduction; health-focused policy; and law and regulation enforcement. Interagency

collaboration and coordination with other state departments on prevention issues is also a main focus to ensure alcohol and other drug problems are appropriately addressed.

The Department also provides assistance to alcohol and other drug programs working with high-risk youth, parents, communities, and special populations within the general population, including ethnic minorities, women, youth, elderly, and the disabled.

The California Mentor Initiative

In 1995, Governor Pete Wilson established the California Mentor Initiative (CMI), a statewide effort to link 250,000 quality mentors with at-risk youth by the year 2000. Studies have shown that mentoring reduces the risk of alcohol and drug use among teens, teen pregnancy, educational failure and gang activity. In an Executive Order, Governor Wilson specified that the Department of Alcohol and Drug Programs establish a Mentor Resource Center as the single point of contact for the California Mentor Initiative.

In addition, Governor Wilson has directed all state departments, agencies, boards and commissions to establish in-house mentoring programs to help meet the goals of the CMI.

Since start of the CMI, over \$20 million has been distributed to local mentoring programs throughout the state and helped to raise public awareness about the benefits of mentoring. To reach the Mentor Resource Center, please call 1-800-444-3066. The Department has created the California Mentor Initiative Office to support the statewide expansion of the mentoring strategy.

The Resource Center

The Resource Center serves the needs of communities, organizations, alcohol and other drug programs, community leaders, policy makers, families, and individuals.

The Center maintains its own library of alcohol and drug reference sources and can search on-line databases containing alcohol and other drug information. Available information includes research documents, articles, program descriptions, books, materials, and evaluations to meet communities' resource needs. In addition, Resource Center staff can identify free technical assistance services funded by the Department, and to training and funding information. The Resource Center's calendar lists major California seminars, workshops, conferences, and other events.

Anyone can access the Center's services free of charge. Center staff make a special effort to serve priority populations that have been under served or have special needs. The toll-free number is 1-800-879-2772.

Program Operation Division

ADP analyzes data from prevalence and incidence studies to form periodic needs assessments; maintains an inventory of existing services to identify gaps in services; and formulates new strategies to address those gaps.

In formulating new strategies, the Department uses a public policy development model that includes consulting with experts in the field, undertaking research to fill knowledge gaps, and inviting comment and review of proposed solutions from diverse groups of alcohol and drug service providers, county administrators, university researchers, and others interested in the alcohol and drug abuse

field. Such efforts result in new legislation to streamline government, improved regulations that result in better client protection and provider services, and new program initiatives that offer improved outcomes for users of both treatment/recovery and prevention services.

Advisory Functions

The Department effectively supports the alcohol and drug services network, through the following:

- **The Governor's Policy Council on Drug and Alcohol Abuse (GPC)** —Comprised of 17 state departments and agencies, the GPC was established in February 1988, to develop a unified and integrated strategy aimed at combating the complicated array of problems posed by alcohol and other drugs.

In January 1991, Governor Pete Wilson appointed Andrew M. Mecca, Dr.P.H., as Director of California's Department of Alcohol and Drug Programs, and Chairman of the GPC. Dr. Mecca is responsible for coordinating statewide activities to ensure that California's programs and policies for addressing alcohol and other drugs are nonduplicative, well-planned, and coordinated.

- **The Director's Advisory Council (DAC)** includes the directors of statewide provider organizations, the president of the county alcohol and drug program administrators, the chairs of eight constituency advisory committees, the chairs of the former state alcohol and drug advisory boards, and a youth ombudsperson.

The DAC meets three times a year to consider recommendations and to share perspectives face-to-face with ADP's Director. Its members select their highest priority recommendations for submission to the Department for action. □